PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

	
DOCUMENT # 1. Corporation Name	P98000056005

A LITTLE GOURMET CAFE, INC.

Principal Place of Business Mailing Address 1409 MAIN ST. 1409 MAIN ST. DUNEDIN FL 34698 DUNEDIN FL 34698 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 06/22/1998 4 FEI Number 351927 9 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 6.- Election Cempaign Financing-.Clty & State. _ _ City & State \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Zip Zip Yes 30 25 Personal Property Tax. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CARIDEO, PAUL J Street Address (P.O. Box Number is Not Acceptable) 1414 BENTLEY ST. CLEARWATER FL 33755

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84 City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change ☐ Addition TITLE President 11 TITLE NAME 12 NAME Paul J. Conideo luiu Bertley ST. STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZP 1.4 CITY-ST-ZIP Addition DELETE (Change TITLE 21 TM F 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE 3.2 NAME STREET ADDRE 3.3 STREET ADORESS CITY-ST-ZIP 3.4, CITY-ST-ZIP ☐ Change ☐ Addition MLE DELETE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRES 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 mtF Change ☐ Addition TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6A CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Callet Cas assay President

480/99

727-734-0496

Zip Code

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FILED

May 07, 1999 8:00 am Secretary of State

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